



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# **MEDICAID BULLETIN**

## **Project BRAVO: Behavioral Health Redesign for Access, Value & Outcomes, New Enhanced Behavioral Health Services, Effective December 1, 2021 and Applied Behavior Analysis**

**Last Updated: 03/09/2022**



## Project BRAVO: Behavioral Health Redesign for Access, Value & Outcomes, New Enhanced Behavioral Health Services, Effective December 1, 2021 and Applied Behavior Analysis

The purpose of this bulletin is to provide information related to the implementation, reimbursement and service authorization of new enhanced behavioral health services as part of Project BRAVO, effective December 1, 2021. In accordance with the amended and reenacted 2020 Virginia Acts of Assembly, Chapter 56, Item 313 YYY (2020 Appropriations Act), implementation of these new services under Project BRAVO, an acronym that stands for Behavioral Health Redesign for Access, Value and Outcomes began on July 1, 2021 with Mental Health Partial Hospitalization Program (MH-PHP), Mental Health Intensive Outpatient (MH-IOP) and Assertive Community Treatment (ACT), and will follow on December 1, 2021 with Multisystemic Therapy, Functional Family Therapy, Mobile Crisis Response, Community Stabilization, 23-hour Crisis Stabilization and Residential Crisis Stabilization Unit (RCSU) services. Additionally, 2021 Special Session Acts of Assembly, Item 313, CCCCCC directed DMAS to add coverage for the current procedural terminology (CPT) codes for Applied Behavioral Analysis (ABA), effective December 1, 2021.

For additional details on project BRAVO and information on previously implemented enhanced behavioral health services, please also see DMAS memos dated March 2, 2021, *Enhanced Behavioral Health Services / Project BRAVO: Behavioral Health Redesign for Access, Value & Outcomes*, May 7, 2021, *Project BRAVO: Behavioral Health Redesign for Access, Value & Outcome, Reimbursement Rates for New Enhanced Behavioral Health Services Effective July 1, 2021 and the new Mental Health Services Manual (Formerly Community Mental Health Rehabilitation Services Manual*, June 10, 2021, *Project BRAVO: Service Authorizations Transition Process and Requirements for Intensive Community Treatment (ICT) (H0039), Assertive Community Treatment (ACT) (H0040), Day Treatment/Partial Hospitalization (H0035 HB), Mental Health Partial Hospitalization Program (MH-PHP) (H0035) and Therapeutic Day Treatment (TDT) (H2016)*, as well as the most recent version of the *Mental Health Services (formerly CMHRS) Provider Manual*. DMAS memos are available on the DMAS website at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/>. DMAS manuals are available on the DMAS website at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

### Services to begin on December 1, 2021:

- **Multisystemic Therapy (MST):** MST is an intensive family and community-based treatment,



which addresses the externalizing behaviors of youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST is provided using a home-based model of service delivery for youth and families, targeting youth between the ages of 11 - 18 who are at high risk of out- of-home placement, or may be returning home from a higher level of care.

- MST service providers must be licensed by The Department of Behavioral Health and Developmental Services (DBHDS) as a provider of Intensive In-Home Services (License #: 05-001) and be credentialed with the individual's Medicaid Managed Care Organization (MCO) for individual enrolled in Medicaid managed care or the Fee-for-Service (FFS) contractor for individuals in FFS.
- **Functional Family Therapy (FFT):** FFT is a short-term, evidence-based treatment program targeting youth between the ages of 11 - 18 who have received referral for the treatment of behavioral or emotional problems including co-occurring substance use disorders by the juvenile justice, behavioral health, school, or child welfare systems. FFT is a primarily home-based service that addresses both symptoms of serious emotional disturbance in the identified youth, as well as parenting/caregiving practices and/or caregiver challenges that affect the youth and caregiver's ability to function as a family. The FFT model serves as a step-down or diversion from higher levels of care and seeks to understand and intervene with the youth within their network of systems including, family, peers, school and neighborhood/community.
  - FFT service providers must be licensed by DBHDS as a provider of Mental Health Outpatient services (License #: 07-003) and be credentialed with the individual's Medicaid MCO for individual enrolled in Medicaid managed care or the Fee-for-Service (FFS) contractor for individuals in FFS.
- **Mobile Crisis Response:** Mobile Crisis Response provides rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. This service is provided 24 hours a day, seven days a week. The purpose of this service includes prevention of acute exacerbation of symptoms, prevention of harm to the individual or others, provision of quality intervention in the least restrictive setting, and development of an immediate plan to maintain safety in order to prevent the need for a higher level of care. The current code used for Crisis Intervention (H0036) will be replaced by the Mobile Crisis Response service, as this is an enhancement of the current Crisis Intervention service for both youth and adults.
  - Mobile Crisis Response service providers must be licensed by DBHDS as a provider of a mental health non-residential crisis stabilization service for adult/children/adolescents (License #07-006) and be credentialed with the individual's Medicaid MCO for individual enrolled in Medicaid managed care or the Fee-for-Services (FFS) contractor for individuals in FFS.
- **Community Stabilization:** Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community stabilization services in an individual's natural environment and provide referral and linkage to



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other community-based services at the appropriate level of care. Interventions may include, brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Community Stabilization will replace and serve as an enhancement of the current Crisis Stabilization service for both youth and adults.

- Community Stabilization service providers must be licensed by DBHDS as a provider of a mental health non-residential crisis stabilization service for adults/children/adolescents (License #07-006) and be credentialed with the individual's Medicaid MCO for individual enrolled in Medicaid managed care or the Fee-for-Service (FFS) contractor for individuals in FFS.

- **23-Hour Crisis Stabilization:** 23-Hour Crisis Stabilization provides a period of up to 23 hours in a community-based setting for crisis stabilization that provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis. This service should be accessible 24/7 and is indicated for those situations wherein an individual is in an acute crisis and requires a safe environment for observation and assessment prior to determination of whether admission to an inpatient or residential crisis stabilization unit setting is necessary. This service allows for an opportunity for thorough assessment of crisis and psychosocial needs and supports throughout the full 23 hours of service to determine the best resources available for the individual to prevent unnecessary hospitalization.

- 23-Hour Crisis Stabilization service providers must be licensed by DBHDS as a provider of a mental health non-residential crisis stabilization service for adults/children/adolescents (License #07-006) and be credentialed with the individual's Medicaid MCO for individual enrolled in Medicaid managed care or the Fee-for-Service (FFS) contractor for individuals in FFS.

- **Residential Crisis Stabilization Unit (RCSU):** RCSUs provide short-term, 24/7, residential psychiatric/substance related crisis evaluation and brief intervention services. RCSUs serve as diversion or stepdown from inpatient hospitalization. The service supports individuals experiencing abrupt and substantial changes in behavior noted by severe impairment or acute decompensation in functioning.

- Adult Residential Crisis Stabilization Unit service providers must be licensed by DBHDS as a provider of a mental health crisis stabilization service for adults (License #01-019) and be credentialed with the individual's Medicaid MCO for individual enrolled in Medicaid managed care or the Fee-for-Service (FFS) contractor for individuals in FFS.
- Child Residential Crisis Stabilization Unit services must be licensed by DBHDS as a mental health residential crisis stabilization services for children and adolescents (License #01-020).
- Providers operating residential crisis stabilization units for adults and children must provide for the physical separation of children and adults, and must provide separate group



programming for children and adults.

- **Applied Behavior Analysis:** Applied Behavior Analysis means the practice of behavior analysis as established by the Virginia Board of Medicine in § 54.1-2900 as the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Applied Behavior Analysis will replace and serve as an enhancement of our current Behavior Therapy service for youth. DBHDS licensing is not applicable for this service.

In an effort to come into alignment with the Center for Medicare and Medicaid Services National Correct Coding Initiative, the implementation of some of the enhanced services will cause disruption to current service procedure codes. This effort seeks to pair the correct and appropriate procedure codes with their intended services. For example, the current Behavioral Therapy service uses the code H2033, though the technical standard definition of this code defines it as belonging to Multisystemic Therapy. Therefore, effective December 1, 2021, H2033 will be used for Multisystemic Therapy and Behavioral Therapy will transition to Applied Behavior Analysis (ABA) CPT codes (see chart below for further details). There are other instances where such code changes must occur starting December 1, 2021 that are detailed in the chart below.

## Quick reference for code conversions

Code	Current Service paired with code	New Service paired with code as of 12/1/21
H2033	Behavior Therapy	Multisystemic Therapy
H0032 UA	Behavior Therapy Assessment	Discontinued
H0036	Crisis Intervention	Functional Family Therapy

Drafts of the program design, service definitions, and benefit requirements were posted for public comment in September 2021 as Appendices to the newly re-named *Mental Health Services (formerly CMHRS)* Provider Manual. Draft versions of these documents are available here: <https://www.dmas.virginia.gov/for-providers/general-information/medicaid-provider-manual-drafts/>. A final version of the *Mental Health Services (formerly CMHRS)* Provider Manual will be posted



prior to the December 1, 2021 implementation

date on the DMAS website at:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

This bulletin provides the reimbursement rates for the services scheduled to begin on December 1, 2021. These rates do not reflect the temporary HCBS 12.5% rate increase, for more information regarding the rate increase please visit the DMAS website here: <https://www.dmas.virginia.gov/covid-19-response/>

## **Services Codes and Reimbursement Rates for New and Affected Services for dates of service on or after December 1, 2021:**

### **Multisystemic Therapy and Functional Family Therapy**

Service Name	Procedure Code	Modifier (s)	Modifier Meaning	Rate
Multisystemic Therapy	H2033	HN	*Established Team with one (QMHP-C/E or CSAC/S)-Bachelor's Level Degree	\$46.03/ per 15 minutes
		HO	Established Team with one (QMHP-C/E or CSAC/S)-Masters' Level Degree <b>or</b> All LMHP types	\$49.96/ per 15 minutes
		HK and HN	*New Team with one (QMHP-C/E or CSAC/S) Bachelor's Level Degree	\$51.00/ per 15 minutes
		HK and HO	New Team with one (QMHP-C/E or CSAC/S)-Masters' Level Degree <b>or</b> All LMHP types	\$55.03/ per 15 minutes
Functional Family Therapy	H0036	HN	Established Team with one (QMHP-C/E or CSAC/S)-Bachelor's Level	\$34.11/ per 15 minutes
		HO	Established Team with one (QMHP-C/E or CSAC/S)-Masters' Level <b>or</b> All LMHP types	\$37.28/ per 15 minutes
		HK and HN	New Team with one (QMHP-C/E or CSAC/S) -Bachelor's Level	\$40.73/ per 15 minutes
		HK and HO	New Team with one (QMHP-C/E or CSAC/S) -Masters' Level <b>or</b> All LMHP types	\$44.17/ per 15 minutes

QMHP: Qualified Mental Health Professional (QMHP), QMHP-Child, QMHP-Eligible (the same as Board of Counseling QMHP-trainee)

CSAC/S: Certified Substance Abuse Counselor or Certified Substance Abuse Counselor Supervisee

LMHP Type: Licensed Mental Health Professional (LMHP), LMHP-Resident, LMHP-Resident in Psychology, or LMHP-Supervisee

\*Established MST Teams: Any team that has been enrolled with a Medicaid MCO or FFS contractor past an 18-month



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period.

\*New MST Teams: Any team that is new to enrolling as a Medicaid provider with the Medicaid MCO or FFS contractor. Teams are considered new from the effective date they are credentialed/contracted through an 18-month period.

## Comprehensive Crisis Services

Service Name	Procedure Code	Modifier (s)	Modifier Meaning	Rate
Mobile Crisis Response	H2011	HO	1 LMHP-type <sup>x</sup>	\$63.18/ per 15 minutes
		HK	Non-Emergency Custody Order Prescreening 1 LMHP-type <sup>x</sup>	\$63.18/ per 15 minutes
		32	Emergency Custody Order Prescreening 1 LMHP-type <sup>x</sup>	\$63.18/ per 15 minutes
		HT and HM	1 QMHP-A/QMHP-C/CSAC <sup>x</sup> and 1 PRS <b>or</b> 1 QMHP-A/QMHP-C/CSAC <sup>x</sup> and 1 CSAC-A	\$101.20/ per 15 minutes
		HT and HO	1 LMHP-type <sup>x</sup> and 1 PRS <b>or</b> 1 LMHP-type <sup>x</sup> and 1 CSAC-A	\$108.01/ per 15 minutes
		HT and HN	2 QMHPs (A or C) <b>or</b> 1 QMHP (A or C) and 1 QMHP-E <b>or</b> 1 QMHP (A or C) and 1 CSAC/S <sup>x</sup>	\$110.46/ per 15 minutes
		HT	1 LMHP-type <sup>x</sup> and 1 QMHP (A/C/E) <b>or</b> 1 LMHP <sup>x</sup> and 1 CSAC/S <sup>x</sup>	\$117.27/ per 15 minutes
Community Stabilization	S9482	HN	1 QMHP-C <b>or</b> 1 QMHP-A <b>or</b> 1 CSAC <sup>x</sup>	\$35.76/ per 15 minutes
		HO	1 LMHP-type <sup>x</sup>	\$42.93/ per 15 minutes
		HT and HM	1 LMHP-type <sup>x</sup> <b>and</b> 1 PRS <b>or</b> 1 LMHP-type <sup>x</sup> <b>and</b> 1 CSAC-A	\$66.54/ per 15 minutes
		HT	1 LMHP-type <sup>x</sup> <b>and</b> 1 QMHP (E or C or A) <b>or</b> 1 LMHP-type <sup>x</sup> <b>and</b> 1 CSAC <sup>x</sup>	\$76.29/ per 15 minutes
23-Hour Crisis Stabilization	S9485			\$817.83/ per diem
		32	Emergency Custody Order (ECO)	\$817.83/ per diem
		HK	Temporary Detention Order (TDO)	\$817.83/ per diem
Residential Crisis Stabilization Unit	H2018			\$684.48
		32	Emergency Custody Order (ECO)	\$684.48
		HK	Temporary Detention Order (TDO)	\$684.48

<sup>x</sup> Includes those in their regulatory board approved residency/supervisee status.

QMHP: Qualified Mental Health Professional (QMHP), QMHP-Child, QMHP-Eligible (the same as Board of Counseling QMHP-trainee)





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CSAC/S: Certified Substance Abuse Counselor or Certified Substance Abuse Counselor Supervisee

LMHP Type: Licensed Mental Health Professional (LMHP), LMHP-Resident, LMHP-Resident in Psychology, or LMHP-Supervisee

## Applied Behavior Analysis

Service Name	Procedure Code	Modifier	Modifier Meaning	Rate (per 15 minutes)
Applied Behavior Analysis	97151 Individual Assessment	HO	Licensed Behavior Analyst (LBA)	\$41.45
		TF	LMHP	\$35.02
		HN	Licensed Assistant Behavior Analyst (LABA)*	\$20.87
	97152 Individual Assessment	HN	LABA	\$20.87
		none	Technician level	\$13.33
	97153 Individual Treatment	HO	LBA	\$41.45
		TF	LMHP	\$35.02
		HN	LABA	\$20.87
		none	Technician level	\$13.33
	97154 Group Treatment	HO	LBA	\$13.82
		TF	LMHP	\$11.67
		HN	LABA	\$13.87
		none	Technician level	\$11.35
	97155 Individual Treatment	HO	LBA	\$41.45
		TF	LMHP	\$35.02
		HN	LABA*	\$20.87
	97156 Family Training	HO	LBA	\$41.45
		TF	LMHP	\$35.02
		HN	LABA*	\$20.87
	97157 Group Family Training	HO	LBA	\$13.82
		TF	LMHP	\$11.67
		HN	LABA*	\$6.96
	97158 Group Treatment	HO	LBA (additional staff with child)	\$27.15
		TF	LMHP (additional staff with child)	\$25.00
		HN	LABA* (additional staff with child)	\$20.29
	0362T Team Functional Analysis	HO	LBA and two staff	\$68.11
		TF	LMHP and two staff	\$61.68
		HN	LABA* and two staff	\$47.53
	0373T Team Modified Treatment	HO	LBA and two staff	\$68.11
		TF	LMHP and two staff	\$61.68
		HN	LABA* and two staff	\$47.53

Technician level includes LMHP-Rs, LMHP-RPs, LMHP-Ss, Registered Behavior Technicians (RBTs) and other unlicensed level staff.

\*An LABA may provide these services as determined by the supervising LBA in accordance with 18VAC85-150-120.

## Transition Process for Existing Service Authorizations

This section provides information on the transition process and requirements for service authorizations for Medicaid members and providers affected by the December 1, 2021





implementation of the enhanced services through Project BRAVO.

## **1. Crisis Intervention (H0036) transitioning to Mobile Crisis Intervention (H2011)**

The existing service authorizations and registrations that span past 11/30/2021 will be administratively transferred to the new code for Mobile Crisis Response (H2011) by the Managed Care Organization (MCO) or the Fee-for-Services (FFS) contractor for the duration of the original authorization. Modifiers are captured on the claims end.

All new requests for Mobile Crisis Response (H2011) for service dates on or after 12/01/2021 must be routed through the crisis call center and a registration must be submitted to the MCO or the Fee-for-Services (FFS) contractor within one business day of admission.

## **2. Crisis Stabilization (H2019) transitioning to Community Stabilization (S9482)**

The existing service authorizations and registrations that span past 11/30/2021 will be administratively transferred to the new code for Community Stabilization (S9482) by the Managed Care Organization (MCO) or the Fee-for-Services (FFS) contractor for the duration of the original authorization. Modifiers are captured on the claims end. One-hour service units for H2019 will transfer to a 15-minute unit. One-hour unit will transfer to four 15-minute units.

Providers must submit a continued stay service request authorization for Community Stabilization (S9482) to the MCO or the Fee-for-Services (FFS) contractor, no later than one business day after the end of the original service authorization end date in order to request continued service.

## **3. Crisis Stabilization (H2019) transitioning to Residential Crisis Stabilization Unit (H2018)**

The existing service authorizations and registrations provided in a residential crisis stabilization setting, that span past 11/30/2021 will be administratively transferred to the new code for Residential Crisis Stabilization Unit (H2018) by the Managed Care Organization (MCO) or the Fee-for-Services (FFS) contractor for the duration of the original authorization. Modifiers are captured on the claims end only. Per diem units will be based on number of days requested on the original service authorization.



Providers must submit a continued stay service request authorization for Residential Crisis Stabilization Unit (H2018), no later than one business day after the end of the original service authorization end date in order to request continued service.

#### **4. Temporary Detention Order (TDO) in a Residential Crisis Stabilization Unit**

For dates of service prior to 12/1/2021, providers should follow billing guidelines for billing the TDO Program. If the TDO covered days extend past 11/30/2021, providers must submit a registration for H2018 to the Managed Care Organization (MCO) or the Fee-for-Services (FFS) contractor, no later than 12/01/21.

Providers must submit a continued stay service request authorization for Residential Crisis Stabilization Unit (H2018), no later than one business day after the end of the registration end date in order to request continued service.

#### **5. Behavioral Therapy (H2033) transitioning to Applied Behavior Analysis (97155, Et al.)**

The existing service authorizations that span past 11/30/2021 will be administratively transferred to the new primary treatment code for Applied Behavior Analysis (97155) by the Managed Care Organization (MCO) or the Fee-for-Services (FFS) contractor for the duration of the original authorization. Modifiers are captured on the claims end only. Service authorizations will be grouped under the primary code 97155 with a total number of units. Units may be used to bill any of the ABA treatment CPT codes as determined by the treatment plan and clinical need. Assessment CPT codes (97151, 97152, 0362T) do not require a service authorization.

#### **6. ABA CPT codes for Children's Residential Treatment Services**

Effective 12/1/2021, Therapeutic Group Homes (TGHs) and Psychiatric Residential Treatment Facilities (PRTFs) must bill using the appropriate modifier based on the license of the professional providing the service. Please see the Residential Treatment Manual for allowable ABA CPT codes.

#### **7. Multisystemic Therapy (H2033) and Functional Family Therapy (H0036)**



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Service authorization requests for Multisystemic Therapy and Functional Family Therapy may be submitted on or after 12/1/2021 to the Managed Care Organization (MCO) or the Fee-for-Services (FFS) contractor. Providers should request a total number of units medically necessary to complete the service by the assessed discharge date.

## Training

DMAS is developing training sessions on the enhanced services. These sessions will review the new services including provider requirements, covered services, documentation and billing requirements. These sessions will be recorded and made available on the DMAS Behavioral Health Enhancement website: <https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements>

<b>Virtual Training Session #1</b>	<b>DMAS Multisystemic Therapy and Functional Family Therapy Provider Manual Training</b>
Date & Time	October 25, 2021 @ 2:00-4:30pm
Web Link:	<a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=eafdc1c258cb6270a7a3df15cbdec23ca">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=eafdc1c258cb6270a7a3df15cbdec23ca</a>
Call-In:	1-866-692-4530
Access code:	2420 804 6381
Password:	RrFQ9xXJM65

<b>Virtual Training Session #2</b>	<b>DMAS Applied Behavior Analysis Provider Manual Training</b>
Date & Time	October 26, 2021 @ 1:00-3:00pm
Web Link	<a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ecfce5ef5152ed0c2771df43fb5079bc8">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ecfce5ef5152ed0c2771df43fb5079bc8</a>
Call-In:	1-866-692-4530
Access code:	2435 133 1008
Password:	Awz8c3pjCr9

<b>Virtual Training Session #3</b>	<b>DMAS Mobile Crisis Response and Community Stabilization Provider Manual Training</b>
Date & Time	October 28, 2021 @ 9:00-12:00pm
Web Link	<a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ebc42607721b7f6590aaeae8f73b92ca">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ebc42607721b7f6590aaeae8f73b92ca</a>
Call-In:	1-866-692-4530
Access code:	2421 332 7128
Password:	ENa7PgJPJ65

<b>Virtual Training Session #4</b>	<b>DMAS 23-Hour Crisis Stabilization and Residential Crisis Stabilization Unit Provider Manual Training</b>
Date & Time	October 29, 2021 @ 9:00-11:30am
Web Link	<a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e001ca53900b6afd32facdd92dbb9a0d8">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e001ca53900b6afd32facdd92dbb9a0d8</a>



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

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Call-In:	1-866-692-4530
Access code:	2429 822 5772
Password:	4hkKTvhDx92

- If you have additional questions about this bulletin, you may also email [enhancedbh@dmas.virginia.gov](mailto:enhancedbh@dmas.virginia.gov).
- Have questions about or want updates on Project BRAVO please visit our website here: <https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/>
- Service Request Authorizations forms for the new services will be posted here, when available:  
<https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/>
- Have questions about licensing for these services, please contact your DBHDS licensing specialist.

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<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Provider Appeals</b> DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	<a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a>



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## Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for- service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or Call: 1-800-424-4046
<b>Provider HELPLINE</b> Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Magellan Complete Care of Virginia	<a href="http://www.MCCofVA.com">www.MCCofVA.com</a> 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a>
United Healthcare	<a href="http://www.Uhccommunityplan.com/VA">www.Uhccommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>